

Group Change Notification

Complete and email this form to notify your Premera Blue Cross HMO sales account team of requested group changes.

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Group name	Group number

Change type	Details of change requested
Group and contact information – select all that apply □ Group name □ Office address (mailing or physical) □ Phone number □ Group contacts (producer, group administrator, vendors, other)	Provide change detail below.
Authorized recipient Producer Group administrator Vendors (TPA, or other)	Authorization for release of summary health information: Complete the authorization form linked below to update (add/remove/change) the designation of individuals authorized to receive the group's summary health information. Email the completed form to your Premera Blue Cross HMO sales account team. Authorization form link: Premera Blue Cross HMO
Subgroup changes	To add a new subgroup provide details below:
Add new subgroupUpdate existing subgroup	Effective date of change:
Cancel existing subgroup	Subgroup name:
	Provide the details below if new subgroup information differs from group details.
	Subgroup billing contact:
	Subgroup benefit contact:
	Subgroup billing address:
	Additional details:
	To update an existing subgroup provide details below:
	Effective date of change:
	Subgroup name:
	Details of change:
	To cancel an existing subgroup provide details below: Effective date of change: Subgroup name:

Class eligibility and contributions To add a new class provide details below: Add new class Effective date of change: • Update existing class Class name: • Cancel existing class Probationary period: Minimum hours worked per week: Employer contribution: Additional details: To update an existing class provide details below: Effective date of change: Class name: Details of change: To cancel an existing class provide details below:

Effective date of change:

Class name:

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